

STATE BOARD OF REGISTRATION FOR GEO LO GISTS AND GEO PHYSICISTS

2535 CAPITO L 0 AKS DRIVE, SUITE 300A, SACRAMENTO, CA $\,95833-2926$ TELEPHONE: (916) 263-2113

FAX: (916) 263-2099 E-mail: geology@dca.ca.gov Website: www.dca.ca.gov/geology



APPLICATION FOR EXAMINATION AND LICENSURE AS A

CERTIFIED HYDROGEOLOGIST

You must be licensed as a Registered Geologist in California to apply for licensure as a Certified Hydrogeologist

APPLICATION INSTRUCTIONS ARE ATTACHED

THIS FORM MAY BE REPRODUCED

FOR OFFICE USE ONLY			
Received			
Receipt No.			

APPLICATION FEE	EXAM FEE	TOTAL DUE	
\$250.00	\$100.00	\$350.00	
REMIT FEES BY CHECK OR MONEY ORDER ONLY			

THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED

PERSONAL INFORMATION				
1. NAME LAST	F	FIRST		MIDDLE
2. ADDRESS STREET/P.O. BOX	CITY	STATE	COUNTRY	ZIP CODE
3.MAILING ADDRESS STREET/P.O. BOX (IF DIFFERENT)	CITY	STATE	COUNTRY	ZIP CODE
4. BUSINESS TELEPHONE # 5. HOME TELEPHONE #				
6. CALIFORNIA REGISTERED GEOLOGIST LICENSE NUMBER				

7. Have you previously filed an application for licensure as a Certified Hydrogeologist in California?	YES	NO
If YES, list filing dates.		
8. Have you ever been convicted of a crime or entered a plea of dismissed under section 1203.4 of the Penal Code must be discresulting in a fine of \$499 or less do not need to be disclosed.)		
If YES, explain fully using section 10 or a separate sheet.	YES	NO
9. Have you or any partnership or corporation that you are a modenied, suspended or revoked in any state for a reason other examination? If YES, explain fully using section 10 or a separate sheet.		_
REMARKS		
10. Use this section to explain questions 8 and 9 if necessary.		

EXPERIENCE

List experience in inverse chronological order. When summarizing experience, provide sufficient detail to explain the degree of your responsibility and the nature of the geologic or geophysical decisions you are/were required to make. Use additional sheets as necessary. A SUPERVISOR REFERENCE FORM and A COPY OF THE COMPLETED APPLICATION must be sent to each supervisory reference verifying qualifying experience.

Date of Engagement	Name and Address of Organization	Supervisor		
FROM TO				
	SUMMARY OF ENGAGEMENT			
Date of Engagement	Name and Address of Organization	Supervisor		
FROM TO				
SUMMARY OF ENGAGEMENT				
Date of Engagement	Name and Address of Organization	Supervisor		
FROM TO				
	SUMMARY OF ENGAGEMENT			

Date of Engagement		Name and Address of Organization	Supervisor
FROM	ТО		
		SUMMARY OF ENGAGEMENT	

The information you provide on this application is maintained by the Executive Officer of the State Board of Registration for Geologists and Geophysicists (Board), Department of Consumer Affairs (DCA), 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code section 7842 and/or California Code of Regulations, Title 16, sections 3009, 3021 and 3042. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (California Code of Regulations, Title 16, sections 3024 and 3028.)

Your application and supporting documentation become the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license may be disclosed by DCA and the Board unless otherwise specifically exempt from disclosure under the law. *Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure*.

You have the right to review the records maintained on you by the DCA or the Board unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

I declare under penalty of perjury under the laws of the State of California that the information on this application, and any appended sheets, is true and correct.

Signature	Date

12/99